

SPECIFICATIONS PART III

Specifications for Trainee Accident Insurance

(This specification is released for procurement purposes until revised, rescinded or withdrawn.)

SCOPE

This specification covers provisions for providing Trainee Accident Insurance coverage for Workforce Investment Act (WIA) participants and Trade Adjustment Assistance (TAA) participants.

I. CLASSIFICATION

Serves rendered herein are classified as Trainee Accident Insurance.

II. APPLICABLE STANDARDS

South Carolina Code of Laws 1976 – Title 38, “The Insurance Law”

South Carolina Department of Insurance

1201 Main Street, Suite 1000

Columbia, South Carolina 29201

III. REQUIREMENTS

A. Coverage

Group insurance coverage is for 9,000 year-round WIA trainees/participants and 3,000 year-round TAA trainees/participants. Such individuals are participating in pre-employment/job readiness training, basic skills training. Training sites consist of local technical colleges, vocational schools, educational institutions within school districts, and other public and private non-profit entities. Other public/private non-profit and private for-profit sites may also be utilized in conducting work-based learning activities.

B. Addition/Deletion of Coverage

Additional trainee/participants may be added to the policy at the bid price awarded. Likewise, trainees/participants may also be deleted from the policy at the bid price awarded.

C. Licenses

Insurance companies and agents doing business with the State of South Carolina shall be licensed by the South Carolina Department of Insurance in accident insurance coverage.

D. Coverage Protection

1. Protection shall be provided while at the training site, and may include secondary sites approved for the purpose of providing scheduled clinics, internships, practicum's, etc.
2. Protection shall be provided while traveling directly and uninterruptedly between the insured's primary training site and any other secondary site for the purpose of attending scheduled clinics, field trips, off-campus work projects, internships, practicum's, etc.
3. Protection shall be provided directly to and from the insured's residence and the training site.
4. Benefits must be subject to no deductible. Benefits or covered costs must include emergency first aid, emergency transport, emergency room treatment, hospital room and board –usual and customary cost per day, prescription drugs, surgery and dental treatment due to injury.
5. The numbers to be covered are approximates and represent the projected number of participants in training at any given time.
6. Invoice annually and, at the discretion of the policy holder, may be renewed for up to four additional years.

E. Schedule of Benefits

Accidental Death and Specific Loss with a \$250,000 overall maximum for any one accident.

Accidental Death or Dismemberment	\$10,000 Principle Sum
Accidental Injury Expense	\$5,000 Benefit Maximum
Subject to Deductible Amounts of and Limits of	
(a) Hospital Room & Board	
Allowance per day	U & C
(b) Dental Expense – no deductible	\$500 Maximum

Benefits also include but are not limited to usual and customary expenses for:

1. Outpatient hospital expenses;
2. Hospital miscellaneous charges made by the hospital for services and supplies plus other normal miscellaneous charges including but not restricted to cost of operation room, laboratory, x-ray, drugs, medicines, anesthesia and dressing while confined as a resident inpatient;
3. Treatment by a physician;
4. Nursing care provided by a licensed nurse;
5. Professional ambulance service to and from the hospital;
6. Dental treatment as a result of injury to natural teeth; and,
7. The following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement; (a) physical, occupational, respiratory, and speech therapy, (b) the services of a home health aide, and (c) medical supplies.

F. Accidental Death and Dismemberment Benefit

Upon receipt of proof that the insured person has sustained an injury covered under this policy which, within three hundred and sixty-five (365) days after the date of accident, results in any of the losses set forth in the Schedule of Losses below, the Company will pay the amount shown opposite such loss.

Where two or more losses separately named in the Schedule below occur as a result of any one accident, the maximum amount payable will be the amount specified for the largest.

Schedule of Losses

For Loss of:

Life	The Principle Sum
Both Hands or Feet	The Principle Sum
Site of Both Eyes	The Principle Sum
One Hand and One Foot	The Principle Sum
Sight of One Eye and One Hand or One Foot	The Principle Sum
One Arm	Three-Fourths of the Principle Sum
One Leg	Three-Fourths of the Principle Sum
Sight of One Eye	One-Half the Principle Sum
One Hand or One Foot	One-Half the Principle Sum
Speech	One-Fourth the Principle Sum
Thumb and Index Finger of the Same Hand	One-Fourth the Principle Sum

“Loss” means the total, permanent and irrecoverable loss of: (1) a natural arm or leg severed at or above the elbow or knee joint; (2) a natural hand severed at or above the wrist or loss of four entire fingers; (3) a natural foot severed at or above the ankle joint; (4) the entire sight of an eye, entire speech, or entire hearing of an ear; or (5) a natural thumb and index finger severed at or above the joints which attach them to the hand.

Payment of any Accidental Death Benefit will be made to the first surviving class of the following classes of successive preference beneficiaries: Insured Person's (a) spouse; (b) surviving children; (c) surviving parents; (d) estate.

G. Exclusions and Limitations

The benefits of this policy will be paid for loss caused by, contributed to, or result from:

1. Treatment that is not medically necessary;
2. Hearing aids, eyeglasses, contact lenses and surgery to correct vision not caused by covered injury;
3. Charges in excess of the reasonable expense;
4. Cosmetic surgery except when the surgery is necessitated by a covered injury;
5. Experimental or investigational treatment;
6. Routine physical or other examination when there are no objective indications of impairment or normal health;
7. Counseling or psychiatric treatment, or educational or vocational testing or training;
8. Suicide or attempted suicide or intentionally self-inflicted injury, while sane or insane;
9. Injuries covered by Worker's Compensation or public assistance program;
10. Participating in an illegal occupation, committing or attempting to commit a felony;
11. Voluntarily using any drug, narcotic or controlled substance unless as prescribed by a physician;
12. Pregnancy, abortion, miscarriage, childbirth or complications there from;
13. Hernia, regardless of cause.

H. Loss Status Report

Contractor shall submit a quarterly Loss Status Report.

I. Claims

All claims filed electronically shall be processed and paid within twenty (20) calendar days.
All claims filed by paper shall be processed and paid within (40) business days.

J. Underwriting Company

Bidders must list the name and address of the Underwriting Insurance Company.

K. References

Bidders must furnish names, addresses, contact persons and telephone numbers of at least three (3) institutions to whom the insurance company and/or its agent has provided this type insurance coverage over the past three (3) years.

IV. WARRANTY

Insurance coverage and schedule of benefits as stated herein shall be made a part of the actual policy.

V. SERVICE, PARTS AND MANUALS

Contractor shall furnish brochures with details of the insurance plan upon request.

		Estimated Quantity U/M	Unit Price	Extended Price
Item 1	Accidental Injury Insurance Coverage Statewide for SC WIA Trainees/Participants	9000 EA	-----	-----
Item 2	Accidental Injury Insurance Year-Round TAA Trainees/Participants	3000 EA	-----	-----

BIDDERS MUST PROVIDE THE NAME & ADDRESS OF THE UNDERWRITING
INSURANCE COMPANY:

Items 1 & 2 will be awarded as a complete lot to one bidder.

(Unit prices must be shown) Lot Total \$_____